

FILED SEP 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4440 30462

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>4437</u>		Registrar's No. <u>230</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kenick</u>		c. LENGTH OF STAY (in this place) <u>6 years</u>		c. CITY OR TOWN <u>Kenick</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				e. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALPHA</u> b. (Middle) <u>PEARL</u> c. (Last) <u>SWETNAM</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-15-1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec-6-1886</u>	
9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 1 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Highlee Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hardin F. Cable</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy E. Perkins</u>		14. NAME OF HUSBAND OR WIFE <u>James Madison Swetnam</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L. M. Swetnam</u> ADDRESS <u>Kenick Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalopathy due to undetermined cause</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 781-8				INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>SEPT 3, 1955</u> , to <u>SEPT 15, 1955</u> , that I last saw the deceased alive on <u>SEPT 12, 1955</u> , and that death occurred at <u>7:25 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clarence Clarks mlt</u> (Degree or title)				23b. ADDRESS <u>Wobley, Mo</u>		23c. DATE SIGNED <u>Sept 16 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-18-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kenick Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-18-55</u>		REGISTRAR'S SIGNATURE <u>Leah Loue</u> 269		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cater Funeral Home</u> ADDRESS <u>Wobley Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
R. M. Carter

Licensed Embalmer No. *411*

P. O. Address *Moberly*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.